MEDICAID MEMO

TO: All Providers in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
               Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 3/6/2014

SUBJECT: Medicare-Medicaid Financial Alignment Demonstration

The purpose of this memorandum is to notify providers about the upcoming implementation of *Commonwealth Coordinated Care,* the Medicare-Medicaid Financial Alignment Demonstration by the Department of Medical Assistance Services (DMAS).

Beginning March 2014, *Commonwealth Coordinated Care* (CCC) will blend Medicare and Medicaid services and financing to provide high-quality, person-centered care to approximately 78,000 Virginians who are dually eligible for Medicare and Medicaid. The CCC Program integrates care with a primary focus on beneficiary support and choice; therefore, it is important to note participation in CCC is voluntary and enrollees may opt in or opt out at any time. DMAS is partnering with the Centers for Medicare & Medicaid Services (CMS) to implement this exciting Medicare-Medicaid Financial Alignment Demonstration through December 31, 2017.

The following three Medicare-Medicaid Plans (MMPs) have been selected through a competitive process to offer benefits under CCC: Anthem Healthkeepers, Humana, and Virginia Premier. In December 2013, the MMPs signed three-way agreements with CMS and DMAS outlining the CCC model of care (available for viewing on the DMAS website at http://www.dmas.virginia.gov/Content_atchs/altc/altc-icp11.pdf).

Under the CCC Program the MMPs will receive a blended capitated rate to coordinate the full continuum of benefits currently provided under Medicare and Medicaid, including:
- Primary care,
- Acute care,
- Behavioral health services,
- Nursing facility care,
- Long-term care services through the Elderly or Disabled with Consumer Direction (EDCD) Waiver, and
- Plus the added benefit of care coordination services for all eligible beneficiaries.

Enrollees in CCC will no longer receive traditional Medicare or Medicaid services through the fee-for-service model. Instead, the CCC beneficiary will have one health plan, with one ID card (see Attachment C for sample ID card), one number to call for assistance and a dedicated care manager to help coordinate all of his/her services. Beneficiaries receiving mental health or intellectual disability targeted case management services will continue to receive those services through the Community Service Boards (CSBs). These services are carved out of the CCC Program and will continue to be authorized and paid as they are now through Magellan.

Under the Three-Way Contract with DMAS and CMS, the MMPs will honor all existing plans of care and prior authorizations until the authorizations end or 180 days after the beneficiary's date of CCC Enrollment, whichever is sooner. At that time, enrolled beneficiaries are limited to providers that are part of the MMP's network. Therefore, if you provide services to an individual who is enrolling in CCC, you will need to participate in the provider network of their chosen MMP to continue providing covered services to them. If you are interested in participating in any of the Medicare-Medicaid Plans (MMPs), you may contact the plans directly (see the DMAS website at http://www.dmas.virginia.gov/Content_atchs/altc/altc-hpci3.pdf).

CCC enrollment will be offered to Virginians over age 21 who are eligible for both full Medicare and Medicaid benefits and live in one of the following five regions: Tidewater, Central Virginia, Northern Virginia, Roanoke and Charlottesville (see Attachment A for a list of localities in each region). For a full list of eligibility criteria and eligibility exclusions, refer to the attached Eligibility Fact Sheet (Attachment B). CCC enrollment will occur in two phases: The first phase is called "voluntary enrollment" where an individual proactively enrolls in the program. The second phase is called "automatic enrollment" where the individual is automatically enrolled into the CCC program using an intelligent assignment algorithm, which considers previous enrollment with the MMPs Medicare Advantage plan, or the MMP network that includes the enrollee's current adult day health provider or nursing facility (if applicable).

ENROLLMENT
CCC enrollment will be handled by a third-party enrollment broker, MAXIMUS. MAXIMUS will provide education services about the CCC program to eligible beneficiaries and process enrollment and disenrollment requests received by telephone and mail. MAXIMUS hours of operations for customer service are Monday through Friday 8:30am to 6pm. Individuals interested in the CCC program may call MAXIMUS starting March 3, 2014. The MAXIMUS CCC Program website will be available February 26, 2014 at: www.virginiaccc.com.

CCC also maintains a partnership with the Virginia Insurance Counseling Assistance and Program (VICAP) to assist with beneficiary education. Beneficiaries may connect with a VICAP representative through their local Area Agency on Aging (AAA) or online at http://www.vda.virginia.gov/vicap2.asp.

EXPECTED TIMELINE FOR CCC ENROLLMENT BY REGION:
Tidewater area
- March 2014: Voluntary enrollment
- April 1, 2014: Coverage begins
- May 2014: Automatic enrollment begins
- July 1, 2014: Coverage for those automatically enrolled begins

Central Virginia/Richmond area
- March 2014: Voluntary enrollment
- April 1, 2014: Coverage begins
- June 2014: Automatic enrollment begins
- August 1, 2014: Coverage for those automatically enrolled begins

Northern Virginia, Roanoke, Charlottesville areas
- May 2014: Voluntary enrollment
- June 1, 2014: Coverage begins
- August 2014: Automatic enrollment begins
- October 1, 2014: Coverage for those automatically enrolled begins

PROVIDER PARTICIPATION IN COMMONWEALTH COORDINATED CARE

MMPs may be in contact with you as a Medicaid provider of primary, acute, behavioral or long-term care services regarding your willingness to join their networks to serve Medicare-Medicaid recipients in your region. If you are interested in reaching out to an MMP, contact information is available on the DMAS website at: http://www.dmas.virginia.gov/Content_atchs/altc/altc-hpci3.pdf

DMAS will be offering Town Hall meetings in each of the five regions to offer further information on CCC and opportunities to ask questions about the program. The schedule of Town Hall meetings will be posted on the DMAS website as information becomes available. If you would like to support a Town Hall meeting on CCC or attend one in your area, please contact CCC@dmas.virginia.gov.

ADDITIONAL INFORMATION ON COMMONWEALTH COORDINATED CARE

Please visit DMAS' Integrated Care for Medicare-Medicaid Enrollees website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx for additional information about the Medicare-Medicaid Alignment Demonstration in Virginia or e-mail questions to CCC@dmas.virginia.gov. Updates regarding the status of this Demonstration will be posted to the website on a regular basis.

If you are interested in the Medicare-Medicaid Alignment Demonstration on a national level you can visit the Integrated Care Resource Center (ICRC) website at http://www.integratedcareresourcecenter.com. An additional CMS Integrated Care website resource may be found at the following link: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Integrating-Care/Integrating-Care.html.

The Office of the State Long-term Care Ombudsman will extend ombudsman support to CCC enrollees by providing information, advocacy, and assistance to help resolve care problems.

Please note: A Medicaid Memo will be released with CCC updates prior to CCC Automatic Enrollment.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification

Attachment A: Virginia *Commonwealth Coordinated Care* Service Regions
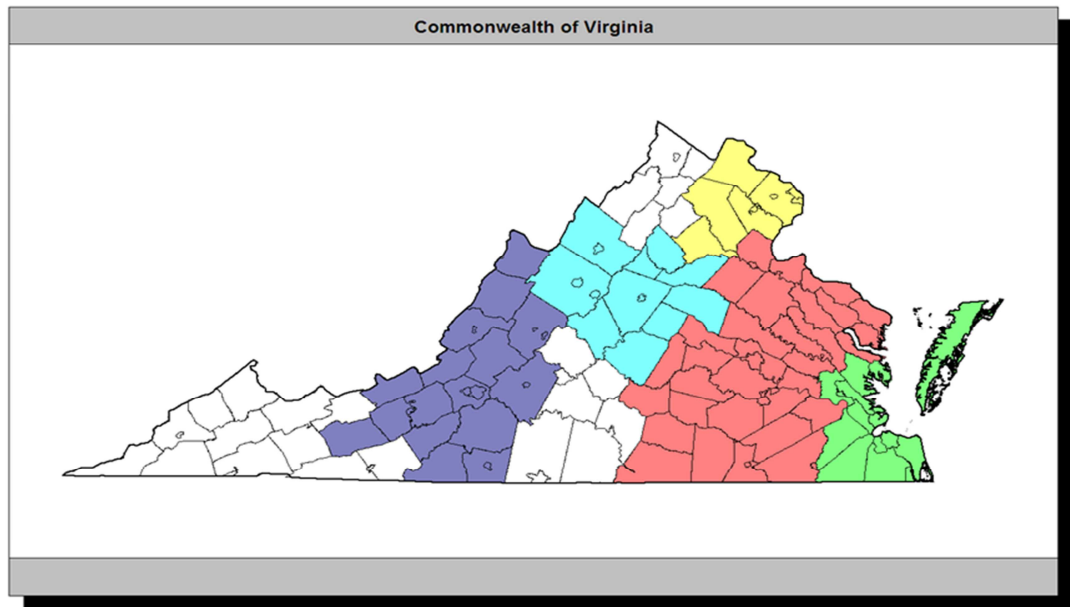
Tidewater

FIPS	Locality
73	Gloucester
93	Isle Of Wight
95	James City County
115	Mathews
131	Northampton
199	York
550	Chesapeake
650	Hampton
700	Newport News
710	Norfolk
735	Poquoson
740	Portsmouth
800	Suffolk
810	Virginia Beach
830	Williamsburg

Western/Charlottesville

FIPS	Locality
3	Albemarle
15	Augusta
29	Buckingham
65	Fluvanna
79	Greene
109	Louisa
113	Madison
125	Nelson
137	Orange
165	Rockingham
540	Charlottesville
660	Harrisonburg
790	Staunton

Central Virginia

FIPS	Locality
7	Amelia
25	Brunswick
33	Caroline
36	Charles City
41	Chesterfield
49	Cumberland
53	Dinwiddie
57	Essex
75	Goochland
81	Greensville
85	Hanover
87	Henrico
97	King and Queen
99	King George
101	King William
103	Lancaster
111	Lunenburg
117	Mecklenburg
119	Middlesex
127	New Kent
133	Northumberland
135	Nottoway
145	Powhatan
147	Prince Edward
149	Prince George
159	Richmond Co.
175	Southampton
177	Spotsylvania
179	Stafford
181	Surry
183	Sussex
193	Westmoreland
570	Colonial Heights
595	Emporia
620	Franklin City
630	Fredericksburg
670	Hopewell
730	Petersburg
760	Richmond City

Northern Virginia

FIPS	Locality
13	Arlington
47	Culpeper
59	Fairfax County
61	Fauquier
107	Loudoun
153	Prince William
510	Alexandria
600	Fairfax City
610	Falls Church
683	City of Manassas
685	Manassas Park

Roanoke

FIPS	Locality
005	Alleghany
017	Bath
019	Bedford County
023	Botetourt
045	Craig
063	Floyd
067	Franklin County
071	Giles
089	Henry
091	Highland
121	Montgomery
141	Patrick
155	Pulaski
161	Roanoke County
163	Rockbridge
197	Wythe
515	Bedford City
530	Buena Vista
580	Covington
678	Lexington
690	Martinsville
750	Radford
770	Roanoke City
775	Salem

Attachment B:
Commonwealth Coordinated Care Eligibility Fact Sheet

Who is Eligible for CCC
- Full benefit Medicare-Medicaid Enrollees (entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D, and receiving full Medicaid benefits)
- Participants in the Elderly or Disabled with Consumer Direction Waiver
- Residents of nursing facilities
- Age 21 and Over
- Live in designated regions (Northern VA, Tidewater, Richmond/Central, Charlottesville, and Roanoke)

Individuals Not Eligible for CCC include those in:
- MH/ID facilities
- ICF/IDs
- PACE (although they can opt-in)
- Long Stay Hospitals
- Money Follows the Person (MFP) Program
- Other health insurance
- Hospice

Attachment C: ID Card Sample

Front of Model Member Identification Card

Commonwealth Coordinated Care
Medicare & Medicaid working together for you

<Health Plan Name and/or Logo>

MedicareRx
Prescription Drug Coverage

Member name: <Cardholder Name>
Member ID: <Cardholder ID#>
Health Plan (80840): <Card Issuer Identifier>

RxBin: <RxBin #>
RxPCN: <RxPCN#>
RxGRP: <RxGRP#>
RxID: <RxID#>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

<CMS Contract #> <Plan Benefit Package #>

Back of Model Member Identification Card

[*Optional card reader may go here*]

[*Instructions for what to do in case of an emergency*]

Member Service: <Member Service phone number>
Behavioral Health: <Behavioral Health phone number>
Website: <Health plan web address>

Send claims to: <Claims submission name and address>